Iowa SIM Healthcare Innovation and Visioning Roundtable

Meeting 4

June 20, 2018

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State Innovation Model of Iowa

Roundtable
Purpose and Recap

HEALTHCARE INNOVATION AND VISIONING ROUNDTABLE BACKGROUND

- Sustainable health care transformation in the Iowa health care system requires a broad vision and is a complicated task.
- Sustainable health care transformation will require alignment of new partners who in the past have been competitors.
- Transformation efforts will reach beyond the SIM grant period.
- **Iowa SIM Healthcare Innovation and Visioning Roundtable** was established to engage leaders around the state to develop consensus and transform how the healthcare system operates to best serve the needs of all Iowans.
- **Iowa SIM Healthcare Innovation and Visioning Roundtable** is charged with providing Governor Reynolds in September 2018 with recommendations for sustainably transforming Iowa's health care system.

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Vision

Working inside and outside the health care system, we will create healthier communities and transform the delivery and financing of care to enable all Iowans to live longer and healthier lives.

Emerging Themes

- Healthy Communities/Prevention
- Consumer Experience Across the Continuum
- Building a Sustainable Health System
- Shared Quality Metrics
- Use and Sharing of Data
- Enabling Technology
- Care Coordination and Patient Centered Delivery System Alignment
- Health System Transparency and Education
- Value-Based Purchasing

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Prominent Themes

Healthy Communities

- Prevention is different than care coordination
- Focus on community-based prevention strategies
- Population health and social determinants
- Hierarchy of needs across health and non-health domains
- Population-specific levels of care coordination

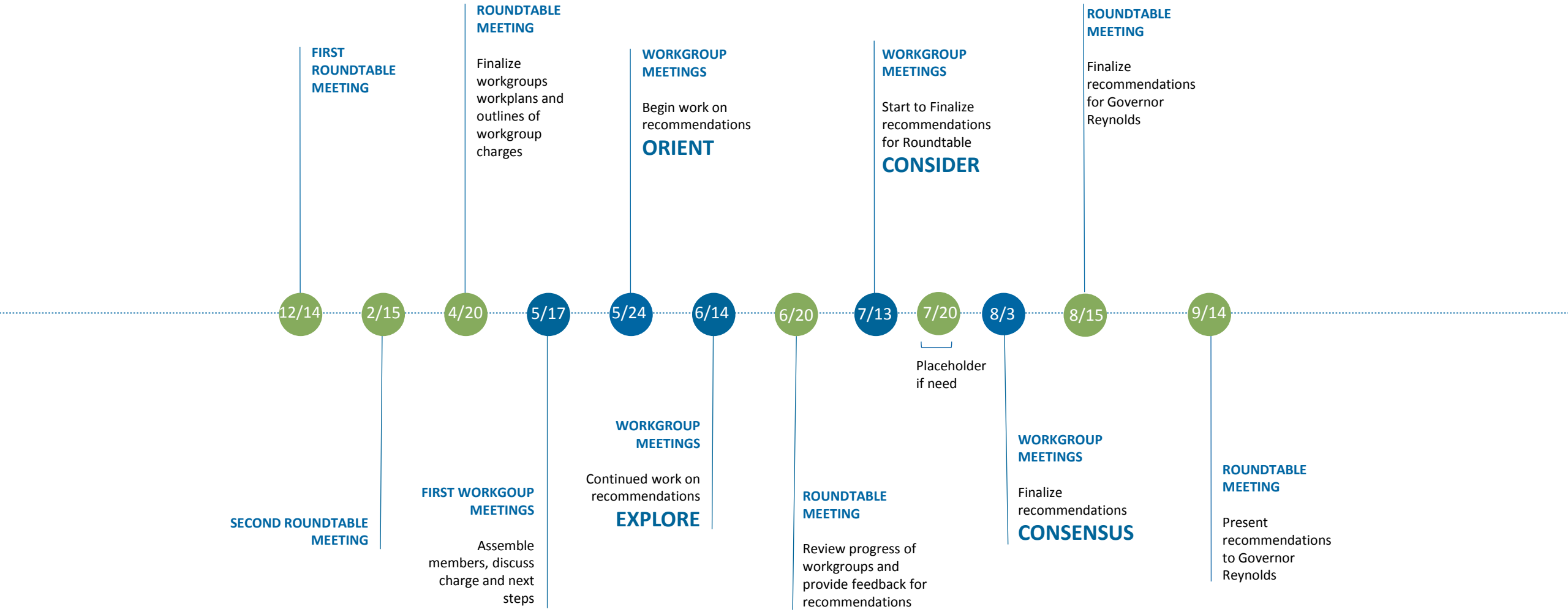
Use and Sharing of Data

- Challenges of exchanging information real-time
- Bi-directional health information exchange at the point of service
- Restrictions in current regulations (e.g. HIV, behavioral health, and substance abuse information)
- Transparency needed for transformation at the service delivery level
  - Data or insight into tools (e.g. Value Index Score)
  - Capture Total Cost of Care (TCOC)

Roundtable Workgroups

- Roundtable will lead to a set of recommendations to be presented to Governor Reynolds for a sustainable health care system in Iowa.
- Workgroups assist in the development of recommendations to build an improved and sustainable health care system in Iowa.
- Workgroup “charges” intended to provide direction to workgroups on the development of specific recommendations.
- Each workgroup charges with creating a three (3) year roadmap, including specific recommendations.
- Proposed timeline for workgroup meetings from May through July 2018, with workgroup recommendations shared with Roundtable in early August 2018.

ROUNDTABLE AND WORKGROUP MEETING SCHEDULE



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Workgroup Updates
Status after two meetings

Healthy Communities Workgroup
Sponsor: Pam Halvorson
Chair: Mike Romano, MD

Healthy Communities

Healthy Communities Workgroup is charged with creating a three (3) year Roadmap that:

- Defines the attributes of a healthy community;
- Outlines partners inside and outside the healthcare system needed to develop healthy communities;
- Recommends strategies and methods for educating and equipping communities which incorporates payer agnostic principles;
- Acknowledges and plans for dependencies and economic impacts with transition; and
- Includes measures and milestones of success.

Roadmap Component: Attributes of Healthy Communities

- Roadmap to define the attributes of a healthy community.
- Healthy Communities Workgroup discussed Attributes of Healthy Communities at different levels:
  - Healthiest State Initiative (HSI)
  - Wellmark Blue Zones/Healthy Hometown^{SM} Initiative
  - Accountable Communities of Health (ACH)
  - Complex care
- Healthy Communities workgroup discussed that built environment (homes, schools, workplaces, parks/recreation areas, business areas and roads) is long term, but short-term opportunity is cost of health care and subpopulation driving costs.
- Healthy Communities Workgroup reviewed Healthiest State Initiative goals and metrics and discussed how to support the initiative without duplication of effort.
- Healthy Communities Workgroup discussed how to focus delivery system redesign on population that could be most impactable.

High Needs, Impactable Population identified through IHA ChimeMaps

- Healthy Communities Workgroup reviewed the National Governors Association (NGA) *Building Complex Care Programs: A Road Map for States* guides state leaders in establishing and advancing complex care programs.
- Healthy Communities Workgroup has elected to focus on a specific high-need, high-cost population reflected by high emergency department (ED) use.
  - Target population presents tangible opportunity to improve the health of individuals with complex care needs *and reduce cost* of care for the individual and the system.
  - Target effort could serve as model for future work, further collaboration and addressing larger, loftier goals.

Roadmap Component: Partners Needed for Healthy Communities

- The Roadmap to outline partners inside and outside the healthcare system needed to develop healthy communities
- Healthy Communities Workgroup discussed how to define communities.
- Healthy Communities Workgroup discussed what partners to convene in communities.
- Healthy Communities Workgroup discussed who is best position to convene partners in a community.

Defining Community

- The Healthy Communities Workgroup recognized every community is different and Healthy Communities must to reflect unique community needs.
- The Healthy Communities Workgroup identified and also allow for alignment and lessons learned from Blue Zones: let communities define themselves and leverage organic leadership in communities.
- The Healthy Communities Workgroup discussed starting with the burning platform in the community to get some consensus on direction; e.g. economic development may make the case, chronic disease may make the case, etc.
- Healthy Communities may benefit from convener if there is not a shared value for health improvement; and the community has to be ready to move.
    - Challenge: approach may be difficult to apply universally.

Partners to Convene in Communities

- The Health Communities Workgroup identified opportunities to align goals across statewide organizations:
  - Iowa Housing Authority (IFA)
  - Food Bank of Iowa
  - Rural Health Association
  - Dept. of Aging, aging network, AARP initiatives
  - Dept. of Education
- Healthy Communities Workgroup thought a neutral convener or facilitator might be valuable.
- The Healthy Communities Workgroup identified key local partners outside the healthcare system:
  - Councils of Governments (COGs)
  - Local government leaders/elected officials
  - Employers, Chambers of Commerce
  - Schools, libraries and community institutions
  - Mental health/substance abuse service providers
  - Social service providers and community resources
- Community healthcare entities in the community can and must raise awareness with their membership as they are local leader.
- The Healthy Communities discussed who State agencies can play a role in facilitating community engagement.
- Healthy Communities workgroup recognized that hospitals, although their participation at the table is crucial, may not be motivative toward system redesign.

Roadmap Component: Strategies/Methods for Educating/Equipping Communities

- Roadmap to recommends strategies and methods for educating and equipping communities which incorporates payer agnostic principles.
- Healthy Communities Workgroup recognized the need to address the c. 80% of healthcare costs related to lifestyle, social and behavioral issues.
- Healthy Communities Workgroup discussed promising practices in delivery system reform efforts across the state relevant to high-need population.
- Healthy Communities Workgroup dialogue focused on several promising practices consistent with Accountable Communities of Health, including:
  - Screening/assessment for social determinants
  - Linking individuals to community resources
  - Care coordination and assistance with navigating across systems

Roadmap Component: Dependencies and Economic Impacts with Transition

- Roadmap to acknowledges and plan for dependencies and economic impacts with transition.
- Healthy Community Workgroup discusses payment strategies for care coordination for high-need, complex cases and linkage to community resources.
- Healthy Communities Workgroup acknowledged payment strategies for complex care are needed where entities are incentivized for maintaining and increasing health.
- Healthy Communities Workgroup recognized that rural solutions are needed in payment approaches for complex care.

Payment Strategies

- Healthy Communities Workgroup found that many promising practices were supported by philanthropy (not sustainable).
- Healthy Communities Workgroup understands that providers of lack resources to identify complex care cases and deploy resources.
- Healthy Communities Workgroup discussed particular challenges in rural areas related to resources for complex care.
- Healthy Communities Workgroup identified opportunity to explore federal CMS' willingness to adjust value-based payment mechanisms in rural areas.
    - Example: Virtual groups comprised of solo practitioners and small practices that join together for participation in Medicare's Merit-based Incentive Payment System.

Fragmentation and Duplication

- Healthy Communities Workgroup found that many promising practices were not well known or well-coordinated.
- Healthy Communities Workgroup discussed various resources that could be leverage for evidence-based universal screening and data collection for SDH needs.
- Healthy Communities Workgroup discussed various resources that could be leverage in for compiling and referring to social services resources in the community.
- Healthy Communities Workgroup identified opportunities to explore shared services that could be utilized by various stakeholders.
    - Example: Technology platform such as ADRC with data exchange for identified SDH needs to be shared with designated managing entity.

Roadmap Component: Measures and Milestones of Success

- Roadmap to include measures and milestones of success.
- Healthy Communities Workgroup discussed what outcomes should be the aim for delivery system redesign.
- Healthy Communities Workgroup recognized efforts should demonstrate value through valid and reliable metrics that measure desired outcomes for addressing care of high-need, complex cases.
- Healthy Communities Workgroup desires that measures be streamlines to a core set of measures based on evidence-based cost-effective practices.
- Healthy Communities Workgroup recognizes that measures need to be meaningful for stakeholder in communities and reflect what is important to different constituencies in the community.

Potential Measures

- Measure most important for sustainability of healthcare system:
  - Unnecessary or potentially preventable ED use
  - Cost (e.g. total cost of care)
- Measures more important for stakeholders in community:
  - Employees: e.g. employer contribution to health insurance premium, lost productivity
  - Consumers: e.g. employee contribution to premium/out-of-pocket costs
  - Schools/Parents: e.g. missed school days
- Measures important for evaluating effectiveness of efforts:
  - Appropriate care and patient outcomes, including clinical measures (e.g. HEDIS) and health status.
  - Community care; linkage within community.

Data Sharing and Use Workgroup
Sponsor: Laura Jackson
Chair: Nick Gerhart

Sharing and Use Data

Sharing and Use of Data Workgroup is charged with creating a three (3) year Roadmap that:

- Defines the attributes of successful use and sharing of data including type of data, resource needs, information exchange needs.
- Outlines the barriers to success for use and sharing of data and recommends strategies for overcoming barriers regarding capabilities, alignment and standards needed to promote data exchange across the following domains:
  - Interoperability at the point of service;
  - Identification of high needs/high utilizers; and
  - Access to claims data for measuring and monitoring total cost of care.
- Acknowledges and plans for emerging technology; and
- Includes measures and milestones of success.

First Meeting Recap – Primary Goal

1. **Right care at the right time with the right real time information**

Strategy: Create a technology system where real time data for patient care (ADT, pharmacy, lab, etc) is shared between hospitals and primary care, as well as specialty care, behavioral health, long term support and services.

Longer-term → beyond health care system (e.g. social services)

Strategy: Identify and improve outcomes for High Need High Cost populations. Focus on specific use cases to standardize care across health systems to improve performance.

Strategy: Create a data and organizational governance structure for oversite.

Strategy: Clarify state and federal privacy policies – consider opportunity for policy change/guidance**.**

First Meeting Recap – Secondary Goals

2. **Improve management of total cost of care information through access to claims data**

Strategy: Create standardized data format/claims information and standardized security information

3. **Improve price transparency for consumers**

Strategy: Create standard way to display cost/quality information for consumers

Presentation from Oregon Health Authority on Emergency Department Information Exchange

- Built off hospital event data (emergency department (ED) and Inpatient Admit, Discharge, and Transfer (ADT) which are submitted through Application Programming Interfaces (APIs) directly from hospital electronic health records (EHRs)
- Notifies ED physicians of high utilizers and patients with complex care needs in real time as they arrive at the ED (push technology)
- Provides critical information needed by ED physicians at the point of care, including but not limited to:
  - Hospital utilization data (location, date, time) from across Oregon, Washington, northern California, and other states contracted with EDIE vendor
  - Care guidelines entered by providers outside the hospital (primary care, behavioral health, etc.)
  - Security alerts

Oregon Health Authority

Notification Workflow

Patient presents at hospital / clinic check-in	Hospital EHR immediately, automatically alerts CMT	CMT identifies patient, references visit history	Provider notified if visit meets specified criteria	Provider, others take action to influence care outcome
				
Patient checks in with hospital registration Hospital records core identification and demographic info	Direct integration with hospital / clinic EHR No additional data entry required	Cross-reference patient with all prior clinical visit history, agnostic of location 99.9% positive match rate accuracy within seconds	Notification sent if pre-defined criteria triggered • High ED utilization • Select diagnoses • Other criteria, as desired Notifications contain concise patient info • Care plans, visit history, diagnoses, prescriptions, provider info, other Sent within provider workflow • EHR integration or single sign-on via web	ED provider has the information in hand before they see the patient Closes patient-provider information asymmetry → providers make more informed care decisions Care guidelines can be quickly entered (<4min) and shared outside of authoring facility

Oregon Health Authority

Attributes of Successful Use and Sharing of Data

Right care at the right time with the right real time information:

- In developing attributes, Workgroup considered an approach similar to Oregon: An Emergency Department Notification System that starts with ADTs and expands to primary care and other types of notifications.

- *Phase in* appropriately: Think big; start small
- Consider *agile/modular development* and leveraging existing systems
- Common agreement about *privacy laws*

Attributes of Successful Use and Sharing of Data

Right care at the right time with the right real time information:

- Ability for *Informed decision-making* by all stakeholders (providers, payers, patients/consumers, etc)
- Stakeholders are able to *identify HNHC* consumers to implement evidence-based interventions
- A multi-stakeholder *governance structure* is created with well understood policy approach, sustainable financing, and shared platform for information exchange

Attributes for future:

- Technical ability to perform data analysis in future phase (further discussion of how to avoid aggregation)
- Considering opportunities for administrative simplification where possible

Measures of Success

Define infrastructure metrics (parameters below)

- Body that provides governance structure (group likes concept of existing roundtable)
- Entities involved pay proportionate share toward operation of infrastructure
- Leverage federal resources (e.g. SIM or 90/10)

Note: Leverage existing tools/infrastructure

Measures of Success

Health care payers and providers are meaningfully connecting to the system, including:

1. Hospitals- all 118 connected- (priority one)
2. All Payers (need to determine priority order)
3. Primary care and specialty care
4. Nursing Facilities
5. Behavioral health providers
6. Expand to other providers/services: Ambulatory surgery, pharmacy, labs, imaging etc.

Notes:

- Work on phase in with phase one including at least a certain percent of providers
- Think about incentives for rural hospitals that do not have incentive to reduce ED use

Measures of Success

Reduction in total cost of care for HNHC individuals through:

- Reduction in Potentially Preventable Events:
  - Unnecessary Services
  - Complications
  - Unnecessary Admissions
  - Unnecessary Readmissions
  - Unnecessary ED visits- (hospitals have the historical info to hotspot, etc.), but this would be POS/real time
- Determine potential metrics for HNHC

Note: need common definition of HNHC

Next Steps

- Workgroup members to return to their own organizations with key questions that will be discussed in the next meeting to affirm alignment
- HMA and NGA to investigate other state's governance models to present to workgroup
- HMA and NGA will develop straw proposals for model and governance for workgroup to react to in next meeting (July 13)

Workgroup Draft Charter and Decision Making

Workgroup Charter

Sponsor role

- Roundtable member that functions as liaison between Roundtable and sponsored workgroup
- Work with Department to develop workgroup charter and monitor progress of sponsored workgroup

Volunteer role

- Subject-matter experts with technical proficiency in focus area
- Expected to attend meetings and contribute to developing recommendations with decision-making authority

Decision-making

- By consensus when possible, using pillars as filters for decisions
- Report recommendations to Roundtable through sponsor

Composition

- Participation limited to sponsor and 8-11 volunteers per workgroup
- Volunteers submitted by April 27th

Timeline

- Meetings from May through July 2018
- Recommendations finalized in late July/early August 2018

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Process for Decision Making: Straw Proposal

A majority of Workgroup members shall constitute a quorum for the transaction of business.

The Workgroup will conduct its business through discussion, consensus building and informal meeting procedures. The Chair or Sponsor may, from time to time, establish procedural processes to assure the orderly, timely and fair conduct of business.

As a general rule, the Workgroup will conduct its business through discussion and consensus. In cases where consensus cannot be achieved, a vote may be used. Use of a vote and its results will be recorded in the meeting minutes. Official recommendations by the Workgroup requires the approval of a majority of members.

Process for Decision Making: Straw Proposal (Continued)

When voting on recommendations or motions, a voice vote for Workgroup members will be used (votes via teleconference or electronic mail are not permitted).

At the discretion of the Chair, or upon the request of a Workgroup Member, a roll call vote may be conducted. Proxy votes are not permitted.

Results from votes will be reported back to the Round Table.

Vision

Working inside and outside the health care system, we will create healthier communities and transform the delivery and financing of care to enable all Iowans to live longer and healthier lives.

Draft Pillars – Attributes – Filters for Decision-making

- **Accountable***
- **Coordinated***
- **Consumer/family Engagement*/Patient Centered***
- **Sustainable***
- **Equitable**
- **Transparent***
- **High Quality**
- **Affordable**
- **IOM**

* Are included as a theme as well

6 Domains for Health Care Quality

- **Safe**
- **Efficient**
- **Timely**
- **Equitable**
- **Effective**
- **Patient Centered**

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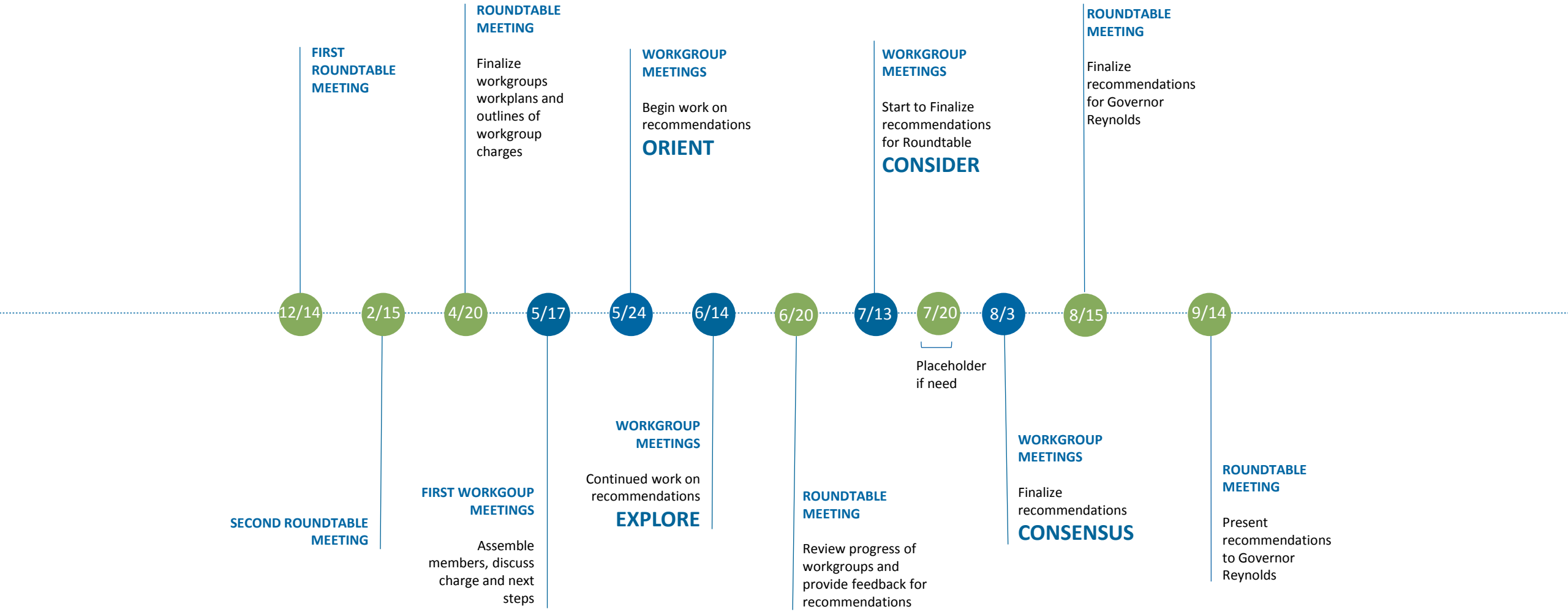
ROUNDTABLE AND WORKGROUP MEETING SCHEDULE



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Next Steps

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